

80% IN EVERY COMMUNITY STRATEGIC PLAN



The 80% in Every Community Strategic Plan (2020-2024) provides a focused, action-oriented roadmap for stakeholders, collaborators, and cross-sectored partners. Partners are committed to achieving the shared goal of reaching and exceeding 80% colorectal cancer screening rates in communities across the nation. The plan provides a variety of recommended activities that all stakeholders can use to help define, prioritize, and accomplish their goals.

The strategic plan's problem statement, vision, desired impacts, and enduring core values are defined below. The following pages outline four strategic areas of focus, the defining characteristics of 80% communities, recommended activities, expected results, and the overall outcomes of each strategy.

Problem Statement

Despite enormous progress in reducing our nation's burden from colorectal cancer (CRC), it remains the 2nd leading cause of cancer death in the United States when men and women are combined. Several avoidable barriers impede access to lifesaving CRC screening and often disproportionately affect marginalized and at-risk groups. This does not need to be our reality. CRC can often be prevented or caught early with regular screening.

Vision

Everyone across the United States has access to and benefits equally from lifesaving, quality CRC screening. With effective cancer control programs in place and increased rates of timely, appropriate, and quality screening, we see such dramatic reductions in CRC incidence and mortality that CRC is no longer a leading public health problem.

Core Values

Collaboration

We are dedicated to partnering, collective action, and the pooling of resources to achieve our goals.

Health Equity

By emphasizing health equity, we will work to address persistent disparities in CRC screening rates, incidence, and mortality in priority populations.

Desired Impacts

By implementing this strategic plan, our greatest impacts will be to achieve:

- CRC screening rates meeting or exceeding 80% in communities across the nation.
- Dramatic reductions in screening rate disparities.
- XXXXXX lives saved by 20XX (*developmental goal).

*This developmental goal and projection is currently under review and calculation.

ASSESS AND BUILD CAPACITY IN COMMUNITIES



Why is this focus area important?

- Together, we can achieve colorectal cancer screening rates of 80% across the country.
- Progress happens when communities embrace this cause and make it their own.
- Communities grow stronger when resources are pooled to address shared goals and opportunities, when priorities are collaboratively defined, and when accomplishments are celebrated by all.
- It takes communities committing to coalition building, strategic planning, collective action, and resource allocation to achieve our desired change.



What are the characteristics of an 80% community?

- Stakeholders coordinate through formalized operations and infrastructure, such as coalitions, roundtables, or consortia.
- Data drive decisions.
- Resources are identified to support community to clinic linkages.
- The right evidence-based interventions are targeted to the right groups to address barriers to screening.



Who are the key stakeholders?

- Colorectal cancer roundtables
- Comprehensive cancer control coalitions & state cancer plans
- State departments of health
- Community organizations
- Community healthcare systems
- Individual champions (clinicians, advocates, survivors)



What key activities are recommended?

- Define what “community” means to your organization or stakeholder group.
- Ensure the right stakeholders are at the table and assess operational infrastructure for coordinating state, local, or organizational CRC screening activity.
- Identify data sources and assist stakeholders in understanding and using data to identify priority populations.
- Map community assets.
- Share lessons learned, best, and promising practices for cross-pollination of knowledge and resources.
- Engage patients and survivors as champions.
- Identify, utilize, and support local physician, public health, and other community champions.
- Integrate community CRC screening activities in cooperation with state cancer control plan and other comprehensive cancer control efforts.



What near-term results are expected from implementing these activities?

- Local organizations and coalitions have an increased capacity to implement evidence-based and best practice interventions.
- Community and coalition stakeholders increase their commitment to use data to find consensus on priority populations for screening interventions.
- Local organizations and coalitions increase their awareness and use of resources for improving screening among priority populations.
- Greater visibility, influence, and reduced burnout of local champions.



What long-term outcomes are expected from implementing these activities?

- Increased screening rates in priority groups
- Increased % of those starting screening as recommended
- Increased % of adults who received a strong recommendation to be screened from their provider, and where possible, were given test options
- Increased access to quality colonoscopy for screening and workup of positive non-colonoscopy screening test
- Increased rates to follow-up colonoscopy after positive non-colonoscopy screening test
- Increased community engagement in implementation of screening programs and activities

CATALYZE HEALTHCARE SYSTEMS



Why is this focus area important?

- We must capitalize on colorectal cancer (CRC) screening opportunities, education, and awareness as people are engaged within a healthcare system.
- Healthcare systems, facilities, providers, and staff can have a huge impact on screening rates in their communities.
- It is important that healthcare organizations provide community leadership and identify and address barriers to screening.
- It is also important for healthcare organizations to implement evidence-based practices that will improve our national and local screening rates.



What are the characteristics of an 80% community?

- A strengthened medical neighborhood that serves both the uninsured and the insured.
- Barriers to screening are addressed in urban and remote/rural areas.
- Screening processes are optimized in primary care settings.
- Technology, EHRs, and patient reminders are leveraged to promote screening and follow-up.
- Clinics have transformed to value-based care and prioritize CRC screening.
- Patient navigation approaches become a standard of care, are formalized, and optimized.
- Organizational goals and objectives are aligned with state cancer control plan and Commission on Cancer prevention and screening requirements.



Who are the key stakeholders?

- Health and human service agencies
- Healthcare systems
- Community hospitals, CoC hospitals, and NCI-designated cancer centers
- Community healthcare systems and FQHCs
- Health plans
- Primary care physicians
- Specialty providers (gastroenterologists, oncologists, and surgeons)
- Office care teams and support staff
- Other health system teams (marketing/communications, human relations, etc).
- Research institutions
- Cancer control and public health nonprofits



What key activities are recommended?

- Use geospatial analysis to visualize counties with persistent rates of higher mortality, and other relevant measures of disease burden, to aid in planning.
- Map the geographic distribution of endoscopy practices in states and local communities across the U.S.
- Develop local and organizational action plans that prioritize CRC screening, particularly in healthcare settings (coordinate with state cancer control plans where applicable).
- Establish relationships with primary care and specialist state professional organization chapters and state level medical quality organizations.
- Create/adapt technologies to better educate patients and facilitate provider recommendations.
- Build knowledge and change behavior within primary care settings to ensure patients are informed on the choices of screening tests.
- Increase capacity to incorporate offering a choice of screening test into primary care practice transformation activities.
- Work with providers and systems to assure provision of high-quality screening with appropriate follow-up and surveillance.
- Work with NCQA to tie accreditation quality incentives to commercial health plans' screening and follow-up rates.
- Develop messaging and use materials that educate on the necessary follow-up required after a positive non-colonoscopy screening test.



What near-term results are expected from implementing these activities?

- 80% becomes the standard for CRC screening quality reporting programs.
- The number of healthcare settings that prioritize CRC screening in their action and community health plans increases.
- Healthcare systems and communities better understand where gaps and disparities in screening services exist.
- More providers offer choices for screening tests.
- Increased development and uptake of patient and provider facing technologies.
- Healthcare systems implement colonoscopy quality improvement programs, decrease their no-show rates for colonoscopies, and increase the rate of colonoscopy completion for patients with positive non-colonoscopy screening tests.



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MOBILIZE AT PUBLIC TOUCH POINTS



Why is this focus area important?

- It is critical that our colorectal cancer (CRC) screening efforts and programs reach people where they live and work.
- Non-healthcare affiliated stakeholders play an important role in promoting CRC screening.
- By leading community and corporate wellness programs to improve awareness, education, and access, more CRCs can be prevented or found early when treatment is most likely to be successful.



What are the characteristics of an 80% community?

- Market-tested, informed, and culturally competent messaging is individualized and targeted to priority communities.
- Community champions, including senior leaders from key organizations and recognizable public figures, are identified and empowered.
- Priority populations are supported by being engaged and represented in community efforts.



Who are the key stakeholders?

- Employers and industry
- Health plans
- Media
- Advocacy organizations
- State and local health departments
- Community health and faith-based organizations
- Public health / Comprehensive Cancer Control Coalitions & CRC Roundtables



What key activities are recommended?

- Engage broader community partners that can impact the health of individuals (employers, media, health plans, faith-based organizations, public health departments, community organizations, etc.).
- Describe the benefit (ROI) of reaching screening rates of 80% and higher for various stakeholders (employers, policymakers, etc.).
- Develop and promote inventories of evidence-based activities that are individualized to a variety of employer and community settings.
- Rally around Colorectal Cancer Awareness Month (March).
- Communicate screening recommendations and health messages in non-traditional spaces.
- Use paid media, earned media, and digital marketing to empower and support local communities in their CRC screening promotion efforts.



What near-term results are expected from implementing these activities?

- More communities and stakeholders are vested in improving screening rates.
- National and local campaigns reach more diverse audiences.
- The pool of CRC screening advocates broadens to include leaders from a variety of social, cultural, spiritual, and occupational backgrounds.
- Exposure to recommended screening messaging increases via traditional and digital media strategies.
- Patient awareness and use of non-invasive screenings increases.
- Additional case studies and examples of communities and stakeholders improving CRC screening rates.
- Funding for screening activities increases and diversifies.



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BREAK DOWN POLICY BARRIERS



Why is this focus area important?

- With effective policy, legislative, and regulatory changes, we have the opportunity to make colorectal cancer (CRC) screening more affordable and accessible as a nation and in our local communities.
- Many stakeholders can play a role in improving public health policies, whether those changes occur in the public, government sector or in a private, institutional setting.



What are the characteristics of an 80% community?

- Policy loopholes are closed so that colonoscopies required to follow-up a positive non-colonoscopy result are defined and coded as screening, and waived fees for screening colonoscopies include all related costs.
- State-based and managed Medicaid reimbursement rates are made comparable to Medicare.
- Implement required quality measures and reporting on timely colonoscopy follow-up for positive non-colonoscopy screening result (e.g. UDS, HEDIS).
- Promote Medicaid expansion and/or other state-based screening access programs.



Who are the key stakeholders?

- Policymakers
- Government agencies
- Health plans
- Accrediting agencies
- Professional societies
- Healthcare systems leaders
- Employers and industry
- Survivor and advocacy organizations



What key activities are recommended?

- Conduct a landscape review to understand what is included in current quality measures.
- Make recommendations on enhancements to quality measures, including recommendations on how data can be captured, standardized, tracked, shared, and exchanged for insight and action; push for enactment.
- Develop and implement education for the public and primary care providers about the importance of the adenoma detection rate (ADR) and other colonoscopy quality measures.
- Create guidebook of strategies utilized by payers and policymakers to eliminate inappropriate cost-sharing.
- Study the complexity of the billing system and identify ways to address multiple bills, unanticipated out of network charges, and other issues.
- Where possible, advocate to government and commercial payers to cover the screening process with no out-of-pocket burden to patients.
- Compile a national data set on Medicaid CRC screening reimbursement and state-by-state ratio of Medicaid to Medicare rates.
- Re-think the current approach used to promote passage of the Medicare loophole bill.
- Share policy successes and best practices from states that have systematically overcome screening barriers.



What near-term results are expected from implementing these activities?

- Enhanced quality measures for CRC screening and follow-up are adopted
- Endoscopy providers and health systems have the incentive to improve their quality.
- Health plans, health systems embrace follow-up colonoscopy after a positive non-colonoscopy screening test as a measure of quality.
- Policymakers' awareness and engagement around CRC activities improves and they advocate for policy change.
- State and local champions work with policymakers to improve Medicaid reimbursements.
- State and local champions work with policymakers to remove cost sharing for follow up colonoscopy after a noncolonoscopy screening exam.



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